Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
NVN627HHA				B. WING		06/01/2011	1
			STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RENOWN	HEALTH HOME CARE		780 KUENZ RENO, NV	ZLI ST., SUITE 89502	#200		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COM	X5) IPLETE ATE	
H 00	0 INITIAL COMMENTS		H 00				
	This Statement of Deficiencies was generated as a result of a abbreviated focused State Relicensure Survey conducted at your agency on 5/31/11 - 6/01/11, in accordance with Nevada Administrative Code, Chapter 449 Home Health Agencies.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state, or local laws.						
	The agency's census Five patient files were Two home visits were Nine employee files w	e reviewed. e conducted. vere reviewed.					
	The following deficien						
11130	policies concerning the responsibilities and concerning the responsibilities and concern type of personner required by law. The reviewed as needed a members of the staff. The personnel policies 4. Periodic evaluation performances; This Regulation is not Based on policy revies staff interview, it was failed evaluate the staff.	y shall establish writter the qualification, conditions of employmer el, including licensure it written policies must be and made available to the and the advisory group is must provide for: of employees' of met as evidenced by: w, document review are determined that the agaff providing care to the e with agency policy fo	nt for f e he s.	H150			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

AND DUAN OF CODDECTION		(X1) PROVIDER/SUPPLIER/G		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED	
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H150	Employee #5 was hired on 8/1/88. his last performance evaluation was done on 8/6/09 (21 months ago). Agency policy requires each employee receive at least an annual evaluation.  Employee #6 was hired on 11/17/08. Her last performance evaluation was done on 11/10/09 (18 months ago).  Scope: 1 Severity: 2			H150			
H152	H152 449.782 Personnel Policies			H152			
	policies concerning the responsibilities and concerning the responsibilities and concerning the responsibilities and concerning the reviewed as needed at members of the staff. The personnel policies of the maintenance of confirm that personnel this Regulation is not NRS 449.179 Initial at	onditions of employment el, including licensure in written policies must be and made available to that and the advisory group es must provide for: of employee records whell policies are followed; of met as evidenced by and periodic investigation ployee or independent	nt for f e the ss. nich ms of				
	within 10 days after hentering into a contractor, the admin licensed to operate, a in the home, a facility facility for skilled nurs for groups shall:  (a) Obtain a written si	ct with an independent istrator of, or the person agency to provide number for intermediate care, sing or a residential facitatement from the emplactor stating whether he	on ursing a lity oyee				

		(X1) PROVIDER/SUPPLIER/O			LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMAT		PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETE DATE	
H152	H152 Continued From page 2 449.188;  Based on record review the agency failed to obtain a criminal history statement denying conviction of crimes for 5 of 9 employees (Employees #2 and #4 - #7).			H152				
	Scope : 2 Severity	: 1						
H153	H153 449.782 Personnel Policies H153							
	policies concerning to responsibilities and concerning to each type of person required by law. The reviewed as needed members of the staff. The personnel policies 7. The annual testing	conditions of employment nel, including licensure in written policies must be and made available to the and the advisory group	nt for f e the os.					
	Sec. 10. NAC 441A.3 read as follows: 441A.375 1. A case I suspected case consin a medical facility of must be managed in guidelines of the Cer Prevention as adopte (h) of subsection 1 of 2. A medical facility, a home for individual care shall maintain sithe facility or home for tuberculosis infection employees must be of the suspension of the suspensio	nters for Disease Controlled by reference in parage of NAC 441A.200. In a facility for the depend of the residential curveillance of employee or tuberculosis and the name of the surveillance of	losis indent of and graph ent or					

NAME OF PROVIDER OR SUPPLIER  RENOWN HEALTH HOME CARE  STREET ADDRESS, CITY, STATE, ZIP CODE  780 KUENZLI ST., SUITE #200 RENO, NV 98502  PRICE (EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFEX  CONTINUED From page 3  Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (I) of subsection 1 of NAC 441A.200.  3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:  (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and  (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.  If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER  (X2) PROVIDER/SUPPLIER IDENTIFICATION NUMBER  (X3) PROVIDER/SUPPLIER IDENTIFICATION NUMBER  (X4) PROVIDER/SUPPLIER IDENTIFICATION NUMBER  (X5) PROVIDER/SUPPLIER IDENTIFICATION NUMBER  (X6) PROVIDER/SUPPLIER IDENTIFICATION NUMBER  (X7) PROVIDER/SUPP			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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CALL   DESCRIPTION   SUMMARY STATEMENT OF DEFICIENCIES   PRECEDED BY FULL   PREFEX   TAG   SUMMARY STATEMENT OF DEFICIENCIES   PREFEX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   PROVIDERS PLAN OF CORRECTION   CRACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   DEFICIENCY    H153   Continued From page 3   H153   Centers for Disease Control and Preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (In) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:  (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and  (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. He second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and	NAME OF PR	ROVIDER OR SUPPLIER	KVIIOZIIII IX	STREET ADDRE	SS, CITY, STA	TE, ZIP CODE	00/0	1/2011
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documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest	H153	Centers for Disease Correventing the transma facilities providing head guidelines of the Center Prevention as adopted (h) of subsection 1 of 3. Before initial emploin a medical facility, a dependent or a home care shall have a:  (a) Physical examinate licensed physician that good health, is free from any other communical stage; and  (b) Tuberculosis screet preceding 12 months, history of bacillus Call vaccination.  If the employee has of a 2-step Mantoux tuber single-step tuberculos administered. A single screening test must be unless the medical direct designee or another lidetermines that the ride appropriate for a lessed documents that determines of the Center Prevention as adopted (h) of subsection 1 of 4. An employee with a positive tuberculosis services and corresponding to the Center Prevention as adopted (h) of subsection 1 of 4. An employee with a positive tuberculosis services and corresponding to the Center Prevention as adopted (h) of subsection 1 of 4. An employee with a positive tuberculosis services and corresponding to the Center Prevention as adopted (h) of subsection 1 of 4. An employee with a positive tuberculosis services and the center Prevention as adopted (h) of subsection 1 of 4. An employee with a positive tuberculosis services and the center Prevention as adopted (h) of subsection 1 of 4. An employee with a positive tuberculosis services and the center Prevention as adopted (h) of subsection 1 of 4. An employee with a positive tuberculosis services and the center Prevention as adopted (h) of subsection 1 of 4. An employee with a positive tuberculosis services and the center Prevention as adopted (h) of subsection 1 of 4. An employee with a positive tuberculosis services and the center Prevention as adopted (h) of subsection 1 of 4. An employee with a positive tuberculosis services and the center Prevention as adopted (h) of subsection 1 of 4. An employee with a positive tuberculosis services and the center Prevention as a dopted (h) of subsection 1 of 4. An employee with a positive tub	Control and Prevention dission of tuberculosis in alth care set forth in the ters for Disease Control do by reference in paragrada NAC 441A.200. Syment, a person employment, a person employment, a person employment in a person is in a state of the person is in a contage and the person is some person in the person is a contage and tuberculosis in a contage and	for in the of the ter, his and graph of a	1153			

Bureau o	r Health Care Quality a	and Compliance					
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		NVN62/HHA	T			06/0	1/2011
NAME OF PR	OVIDER OR SUPPLIER			RESS, CITY, STA			
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H153	radiograph and medituberculosis.  6. Counseling and proffered to a person was reening test in according of the Centers for Dis Prevention as adopted (g) of subsection 1 of 7. A medical facility semployees for the depulmonary symptoms tuberculosis or a postest shall report proma specialist, if any, or to in charge of the medifacility has not design specialist, when any develop. If symptoms the employee shall be assed on employees to ensure compliance of Nevada Administratemployees (Employee #7 was hir personnel file did not TB skin tests. She clathe past so was exempled.	ulosis. nonstrates a positive ng test administered on 3 shall submit to a chical evaluation for active reventive treatment muswith a positive tuberculor ordance with the guidel sease Control and ed by reference in parage f NAC 441A.200. Shall maintain surveillant evelopment of s. A person with a historicitive tuberculosis screen poly to the infection control of the director or other prical facility if the medical nated an infection control of tuberculosis are present evaluated for tuberculosis are present tuberculosis are present evaluated for tuberculosis are present tuberculosis are present tuberculosis. The facility face with chapter 441A pative Code for 1 of 9 are #7).  The don 2/16/11. Here is contain documentation aimed she tested position put from further testing mented history of a positing test.	est be sis ines ines graph ce of ry of ning atrol erson al ol esent, losis.	H153			
H165	449.787 Duty to Prov	vide Skilled Nursing		H165			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM  NVN627HHA			(X2) MULTIP	LE CONSTRUCTION	COMPLETED	
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providing skilled nurs services, and may ind physical therapy, occur therapy, medical-soc guidance, pharmaced and equipment service. This Regulation is not Based on staff interviagency failed to prov 5 patients (Patient #2 Patient #2's start of control Physician's orders with for home health, skilled management, physistrengthening and home nursing services were Administrative staff scase manager's initial	cy is directly responsible ing care and home head clude other services substituted and therapy, special services, nutritional attical services, appliant ces. In the services and record review, ide ordered services to 2).  Figure date was 4/25/11. Fitten 4/22/11 stated "are date was 4/25/11. Fitten 4/22/11 stated "are definited in interview that the provided, no PT was stated in interview that the explanation of the patie PT. The case manager cian and request he	alth ch as ech ces : the 1 of crange n done. the ent did	H165			